

Occupational Health Program Audit 2005

Program	Industrial Hygiene	Number	1
POC	M. Bunting	Improvement	Nonconformance

Significant lack of employee occupational health program awareness

Action Requested

Improve awareness about occupational health

- Create WFF S&H pocket guide
- Develop Center wide hazard communication course that includes Occ. Health program Orientation
- Add "health" to the name of the WFF Safety organization

Response

"Health" will be added to WFF Safety organizational title and will be renamed "Occupational Safety and Health Group (completion date 10/1/05)

The Executive Safety Council will be renamed to Executive Safety and Health Council

A pocket guide will be created with an anticipated completion date of 2/15/05

An Occupational Safety and Health Program Review will be held in conjunction with Goddard Safety Days to heighten employee awareness of occupational health as well as safety.

The WFF Work Center Safety Guide will be titled to Work Center Safety and Health Guide. The Guide contains requirements and resources for Hazard Communication and occupational health program orientation will be developed and included during this next year.

Closed	Open	Completion Date	2/15/2006
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Program	Industrial Hygiene	Number	2
POC	M. Bunting	Improvement	Nonconformance

Boiler operator was unaware of the hazards present when entering the boiler for maintenance and reason for using PPE

Action Requested

Sample and characterize fly ash in boiler and generators
ensure personnel are properly protected

Response

Boiler maintenance procedures will be changed to include having a sample taken when the boilers are down for maintenance. Procedures will also include a requirement for discussion of the hazards of fly ash and the proper PPE. (8/31/05 Curtis will notify S&H office once wording is added to procedure)

Closed	Open	Completion Date	10/1/2005
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Program	Industrial Hygiene	Number	3
POC	L. McGonigal	Improvement	Nonconformance

A draft Memorandum of Agreement (MOA) delineating responsibilities between 250 (GSFC) and 800 (WFF)

Action Requested

Expedite completion of the MOA and subsequent implementation of the responsibilities outlined in the MOA to ensure that IH responsibilities are clearly understood between organization 250 and organization 800.

Response

MOA completed and signed by both parties

Closed	Open	Completion Date	6/10/2005
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Program	Industrial Hygiene	Number	4
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POC	M. Bunting	Improvement	Nonconformance
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Communication between the IH function and the WFF Clinic seems to be limited and there appears to be some confusion and a lack of understanding as to which WFF employees are participants in required medical surveillance programs (e.g., Hearing Conservation Program, Respiratory Protection Program, Lead, Asbestos

Action Requested

The WFF IH function and WFF Clinic should work together to ensure there is an accurate and complete list of the various medical surveillance program participants, and also ensure adequate supporting documentation for inclusion (or possibly exclusion) of personnel in any of the medical surveillance programs. Eliminate personnel from medical surveillance programs where their potential exposures no longer warrant inclusion.

Response

WFF is reviewing a draft of GPR 1840.3, Industrial Hygiene Program developed by Code 250 which will cover all of GSFC. A meeting will be scheduled to discuss the requirements of the medical surveillance program from both the IH and Health Clinic perspectives and the personnel lists will be synchronized between the IH function and the WFF Clinic.

Closed	Open	Completion Date	9/1/2005
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Program	Industrial Hygiene	Number	5
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POC	T. Potterton	Improvement	Nonconformance
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IH involvement seems to be lacking in emergency responses and emergency response exercises. At a minimum, the IH office should be involved with the characterization of the hazards, PPE selection and guidance, and re-occupancy guidance.

Action Requested

Integrate the IH function into emergency and hazardous material responses and exercises.

Response

An Emergency Response exercise including the IH was conducted on 9/29/05

Closed	Open	Completion Date	9/25/2005
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Program	Industrial Hygiene	Number	6
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POC	M. Bunting	Improvement	Nonconformance
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There has been a recent initiative to have the WFF Safety Office collect all safety and health related training records from all WFF organizations and store that information in a central database. This is a laudable effort which should improve the overall training program. However, this is not a documented requirement in the Training Chapter of the WFF Safety Manual.

Action Requested

List this requirement in the WFF Safety Manual to ensure that records collection in a central database continues.

Response

A statement was added to the WFF Safety Manual to send a copy of training records to the Safety Office when completed

Closed	Open	Completion Date	8/5/2005
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Program	Industrial Hygiene	Number	7
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POC	M. Bunting	Improvement	Nonconformance
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There is no current confined space inventory. The WFF Safety Manual indicated WFF Safety will maintain this inventory. Although this area is deficient, there has been an ongoing effort to remedy this deficiency and the Safety office has been working with Facilities to get this information into a useable database.

Action Requested

Finish compiling and subsequently maintain a confined space inventory. If practical, continue efforts to put this information into a computer database.

Response

A database is being created, in coordination with the Geographical Information System (GIS) group, to include all confined spaces and a map of their location. Completion of the database is expected to be 8/1/06 with the completion of coordination with GIS mapping 12/31/06

Closed	Open	Completion Date	12/31/2006
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Program	Industrial Hygiene	Number	8
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POC	M. Bunting	Improvement	Nonconformance
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An emphasis for shops to maintain a current, complete, and accurate chemical inventory is needed. Based on the recent internal WFF safety and health inspections, there does not appear to be an accurate chemical inventory at all work sites. This has been self identified and efforts are in place to re emphasize the requirements to enter these materials into MSDS Pro. Another concern in this area is related to the use of MSDS Pro not being discussed in the Hazard Communication chapter.

Action Requested

Ensure all affected areas maintain adequate chemical inventories. The current plans to emphasize the importance of maintaining a complete MSDS inventory through MSDS Pro should be implemented. This increased focus should facilitate better compliance with inventory requirements.

Response

MSDS Pro training was provided to MSDS Pro administrative personnel and the chemical inventory updated. The ongoing maintenance of this program will be checked during the annual Safety and Health Group facility wide-inspections. A line item addressing MSDS Pro maintenance has been added to the inspection checklist.

Closed	Open	Completion Date	8/1/2005
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Program	Industrial Hygiene	Number	9
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POC	M. Bunting	Improvement	Nonconformance
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There are two labs at WFF that appear to be in compliance with the OSHA Lab standard. Both labs were found to have chemical hygiene plans in place modeled after OSHA requirements, but they were not in full compliance with the GPR 1700.2/Chemical Hygiene Program (February 2005). The GPR has additional requirements which are not currently being fulfilled at WFF, and neither lab was aware of the recently completed policy or the new requirements.

Action Requested

Review GPR 1700.2 and ensure that the chemical hygiene officers in the two labs at WFF are aware of the requirements. After reviewing the new GSFC policy, the two labs need to be in compliance with all requirements.

Response

Information sent to lab managers on 8/4/05. A follow-up was conducted on 9/1/05 and 9/30/05 to see if they understand all the requirements and to provide assistance if needed. Finding closed on 10/11/05

Closed	Open	Completion Date	10/11/2005
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Program Occupational Medicine **Number** 10

POC Dr. Spinak **Improvement** **Nonconformance**

The eye wash station is checked weekly and documented. However, it did not appear to be run long enough to adequately purge the impurities from the supply line.

Action Requested

Continue weekly inspection and testing of the eye wash station to ensure that it is working and clear of sediment build up. Run the eye wash station for 2 to 3 minutes to flush out the lines, decrease any sediment build up, and allow any stagnant water to be rinsed out to conform with ANSI Z385.1-2004. Continue the current documentation of this process.

Response

Weekly testing and inspection of the eye wash station in the Health Unit now follows the procedure recommended in the "Action Requested."

Closed **Open** **Completion Date** 8/18/2005

Program Occupational Medicine **Number** 11

POC Sue Fields **Improvement** **Nonconformance**

The issue of commercialization or fee-for-service for the Health Unit services remains open.

Action Requested

Consult the NASA Chief Health and Medical Officer before proceeding with plans for commercialization. Business case considerations must be given to the resources needed for billing, the Health Insurance Portability Accountability Act (HIPAA), scope of services, and cost/benefit analysis.

Response

WFF received HQ approval to pilot commercialization of the Health Unit. A contract proposal for this initiative is in process. The NASA Chief Health and Medical Officer will be consulted before proceeding.

Closed **Open** **Completion Date** 8/18/2005

Program	Occupational Medicine	Number	12
POC	Dr. Spinak	Improvement	Nonconformance

There is a patient registration sheet at the front desk for employees to sign-in when they arrive at the Health Unit. This is a multiple entry sheet for all employees to sign.

Action Requested

The use of a registration log should be discontinued or another solution for patient sign-in found so patient/employee confidentiality and privacy are protected.

Response

At the time of our Review, the use of a sign-in log was discontinued. Completed at the time of the audit.

Closed	Open	Completion Date	8/18/2005
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Program	Occupational Medicine	Number	13
POC	Dr. Spinak	Improvement	Nonconformance

A local healthcare facility is used for employees who need x-rays. X-rays are read by the Medical Director and also by a radiologist. A written report of the radiologist's reading is not received by the Health Unit.

Action Requested

Require a written report from the healthcare facility performing the x-ray before payment is made.

Response

We shall request a written report for all future radiological studies for which we refer Wallops employees (there have been none since the audit). However, we do not pay for these studies, they are billed either to the patients (insurance) or workmen's comp (when job-related), so we cannot exert any financial influence. When a written report is not received in a timely manner, we shall contact the provider to determine when we may expect to receive a written report

Closed	Open	Completion Date	8/18/2005
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Program	Occupational Medicine	Number	14
POC	Dr. Spinak	Improvement	Nonconformance

The allergy injections are currently administered in a room next to the emergency treatment area. To treat a potential adverse reaction, adrenalin is stocked in that room.

Action Requested

Administer allergy injections in a room with oxygen with the anaphylactic kit readily available.

Response

At the time of our Review, a decision was made to administer the allergy injections in the emergency treatment area.

Closed	Open	Completion Date	8/18/2005
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Program	Occupational Medicine	Number	15
POC	B. Bott	Improvement	Nonconformance

There is no formal Process Improvement Plan

Action Requested

Develop a formal PIP and incorporate current quality assurance practices

Response

A Work Instruction is being developed to address this requirement consistent with NPR 1800.1, NASA Occupational Health Program Procedures.

Closed	Open	Completion Date	10/31/2005
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Program	Occupational Medicine	Number	16
POC	B. Bott	Improvement	Nonconformance

There is no policy or checklist for the staff annual competency checks. This is a requirement of the NASA Medical Quality Assurance Program.

Action Requested
 Develop a policy and procedure for reviewing annual competency requirements

Response
 A Work Instruction is being developed to address this requirement consistent with NPR 1800.1, NASA Occupational Health Program Procedures.

Closed	Open	Completion Date	10/31/2005
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Program	Occupational Medicine	Number	17
POC	S. Fields	Improvement	Nonconformance

There are no funds available to support the continuing education needs for the staff as required in the contract.

Action Requested
 Support continuing education for the professional staff to keep skills current and meet professional licensing requirements. The Contracting Officer (CO) should review contractor agreement for compliance.

Response
 The contract requires the contractor to comply with all applicable State licensing regulations, including continuing education. The contractor is in full compliance, and NASA funds the contract to meet these requirements.

Closed	Open	Completion Date	8/30/2005
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Program Occupational Medicine **Number** 18

POC B. Bott **Improvement** **Nonconformance**

The Clinic has two emergency lights located in the Clinic hallways. The availability of a generator as backup for power failures was not verified.

Action Requested

A backup power source should be available for Clinic operations in the event of a power failure.

Response

Options are being evaluated

Closed **Open** **Completion Date** 12/31/2005

Program Occupational Medicine **Number** 19

POC Sue Fields **Improvement** **Nonconformance**

There is no Center wide Automatic External Defibrillator (AED) Policy. This is a repeat finding from our previous review.

Action Requested

A written Center wide AED Policy must be developed. The policy must meet the requirements of NPR 1800.1 NASA Occupational Health Program Procedures and the NASA Occupational Health Program Guidelines for Implementing a Center AED Program.

Response

GPR 1800.5 Automated External Defibrillator Program is currently in draft form and being reviewed by key stakeholders.

Closed **Open** **Completion Date** 12/28/2005

Program	Occupational Medicine	Number	20
POC	Sue Fields	Improvement	Nonconformance

The Medical Director is currently working five days a week but the current contract covers only three days per week.

Action Requested

Complete the scheduled contract modification for the full time Medical Director or else the Contracting Officer (CO) should review contractor agreement for compliance.

Response

Based on input from the 2001 review, technical direction was issued to the contractor to increase the Medical Director's schedule to full time. This increased coverage was commended in the 2003 review. We respectfully suggest that functional compliance is demonstrated.

Closed	Open	Completion Date	8/30/2005
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Program	Occupational Medicine	Number	21
POC	M. Bunting	Improvement	Nonconformance

The employees required to be in the Hearing Conservation Program (HCP) have not been identified. A request for a list of individuals has been requested by the Health Unit staff but not received. Completion of the Industrial Hygiene noise surveys could not be verified and no list of individuals has been sent to the Health Unit staff.

Action Requested

Work with IH staff to clarify the areas of noise exposure and identify the individuals required to be in the HCP. A list of individuals in any noise exposure areas need to be sent to the Health Unit.

Response

WFF is reviewing a draft of GPR 1840.3, Industrial Hygiene Program developed by Code 250 which will cover all of GSFC. A meeting will be scheduled to discuss the requirements of the medical surveillance program from both the IH and Health Clinic perspectives and the personnel lists will be synchronized between the IH function and the WFF Clinic.

Closed	Open	Completion Date	9/1/2005
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Program	Occupational Medicine	Number	22
POC	Dr. Spinak	Improvement	Nonconformance

In a review of medical records, there were two TB tests required for job certifications examinations and one TB test for a foreign travel exam that were not read by the nurse or physician. All of these employees self-reported negative results. One of the employees had a history of a previous reaction.

Action Requested

A physician or nurse should read all required TB test results.

Response

We are no longer allowing self-reporting of TB results. If an employee fails to return within the required 48-72 hour time period, the TB test will be repeated.

Closed	Open	Completion Date	8/18/2005
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Program	Occupational Medicine	Number	23
POC	Dr. Spinak	Improvement	Nonconformance

A comprehensive written Bloodborne Pathogen Policy is available to cover the Health Unit staff. However, there is no official Center wide Bloodborne Pathogen Policy.

Action Requested

Develop a Center-wide Bloodborne Pathogen Policy to comply with OSHA and NPR 1800.1 NASA Occupational Health Program Procedures.

Response

GPR 1800.3 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN is effective as of 8/22/2005.

Closed	Open	Completion Date	8/22/2005
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Program Occupational Medicine **Number** 24

POC Dr. Spinak **Improvement** **Nonconformance**

There is a written 1997 Center wide Emergency Preparedness Plan. The roles of the medical staff are integrated. Annual drills defined in the Plan have not been run.

Action Requested

Review the 1997 Center wide Emergency Preparedness Plan Define roles and responsibilities for the Health Unit staff. Plan and implement an emergency preparedness drill for the Center to determine the overall effectiveness.

Response

An Emergency Response exercise was conducted on 9/29/05. An 803 Work Instruction is under development to create a procedure for emergency response exercise drills. The Safety and Health Office is reviewing the EP plans for both Goddard and Wallops to determine consistency across the center. The Medical Center will be provided with a current copy of applicable EP plans.

Closed **Open** **Completion Date** 9/15/2005

Program Occupational Medicine **Number** 25

POC Dr. Spinak **Improvement** **Nonconformance**

An autoclave is being used to sterilize non-disposable equipment. Autoclave testing for chemical indicators is done but biological indicators are not being performed.

Action Requested

Establish periodic autoclave testing (biological indicators) to ensure effectiveness of the process. Develop a policy and procedure for testing.

Response

A new policy is now in place for autoclave testing.

Closed **Open** **Completion Date** 8/30/2005

Program Health Physics **Number** 26

POC A. Cornell **Improvement** **Nonconformance**

Safe use of lasers outdoors is not being implemented in accordance with interim Agency policy, dated August 26, 2004. Controls are needed to assure uniform implementation of requirements and guidelines Agency-wide, and to assure that inadvertent damage from NASA laser and high-intensity light experiments and operations do not occur to either aircraft or spacecraft. Adherence to the interim policy is needed to preserve health and safety while allowing important research and operational work to continue.

Action Requested

Implement a comprehensive outdoor laser use assessment, and review and execute the provisions of the NASA Outdoor Laser Use policy including coordination of Federal Aviation Administration (FAA) issues with the NASA Senior Environmental Health Officer.

Response

Reviewed what is required by the Outdoor Laser Use Policy letter for an outdoor laser assessment. Copies of correspondence with the FAA have been sent to the NASA Senior Environmental Health Officer for current laser projects

Closed **Open** **Completion Date** 9/15/2005

Program Health Physics **Number** 27

POC M. Bunting **Improvement** **Nonconformance**

Deficiencies associated with posting and labeling were observed: (1) many of the warning signs intended to alert personnel of potential hazardous of radiation in the vicinity of RF emitters were severely weathered and faded and (2) the refrigerator used to store radioactive material in N159 lacked a warning prohibiting storage of food or drink.

Action Requested

Include evaluation hazard communication postings and labeling in the annual internal review of the Radiation Protection Program and during routine work area surveillances. Correct any posting and labeling deficiencies as soon as practicable.

Response

1) The faded RF sign that the finding referred to has been replaced. 2) A sign prohibiting food or drink in the refrigerator in the N-159 lab was posted 8/19.

Closed **Open** **Completion Date** 8/19/2005

Program Health Physics **Number** 28

POC M. Bunting **Improvement** **Nonconformance**

The Wallops Safety Manual (WSM-2005) does not adequately address site-specific radiation concerns. Although GSFC written policy (GPRs 1860.1 through GPR 1860.4) clearly define roles and responsibilities for implementation of the Radiation Protection Program at Greenbelt, without implementing work instruction-level documents they are insufficient for adequate program implementation at WFF.

Action Requested

Develop work instructions to provide WFF-specific implementation guidance for the GSFC policy requirements

Response

Work instructions will be complete in reference to GPRs 1860.1 through GPR 1860.4.

Closed **Open** **Completion Date** 11/30/2005

Program	Health Physics	Number	29
POC	M. Bunting	Improvement	Nonconformance

The face velocity measurement (191 fpm) posted for a specific chemical fume hood intended for operations with unsealed radioactive material in building N159 was significantly greater than the ACGIH guidelines. No other hoods were inspected.

Action Requested

For contamination control, use ACGIH guidelines to establish administrative face velocity requirements for all hoods that are used with unsealed radioactive materials.

Response

On August 2, 2005 the face velocity was tested and determined to be 112 fpm, which is within the normal operating ranges

Closed	Open	Completion Date	8/2/2005
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Program	Health Physics	Number	30
POC	Pat Hancock	Improvement	Nonconformance

Weaknesses evident in the records system include deficiencies in the master inventories for radiation survey instruments; signed copies of approved use authorizations; and signatures on shipping/receiving forms.

Action Requested

Implement mechanisms to ensure an accurate and auditable system is in place for record documents.

Response

Shipping & Receiving forms were filled out, signed and sent to Pat Hancock on 8/23/05

Closed	Open	Completion Date	8/23/2005
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Program	Health Physics	Number	31
POC	A. Cornell	Improvement	Nonconformance

Laser Safety Training is required every three years for authorized users of class 3b and 4 lasers

Action Requested

Because of the potential for hazardous eye and skin exposures above the maximum permissible levels, perform refresher training at least every two years.

Response

A radiation guidance document will be written and included in the Safety Manual, which will include laser training every two years. Training will be reported to 803, included in the 803 training database, and the information will be forwarded to Code 250 (RPO).

Closed	Open	Completion Date	12/15/2005
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Program	Health Physics	Number	32
POC	M. Bunting	Improvement	Nonconformance

Safety training is required for all approved radiation users. GPR 1860.3, "Radio Frequency Radiation Safety," specifies training required for operators of RF sources and devices; however, no mechanism for tracking or monitoring of operator training exists within code 250 (i.e., there is no easy way for the NRPO or support staff to verify the training status of operators of authorized sources and emitters).

Action Requested

Ensure that all operators of RF sources and emitters have appropriate training and develop a mechanism to monitor and track training records for personnel approved to use hazardous radio frequency radiation. Refresher training should be accomplished every two years.

Response

Training will be reported to 803, included in the 803 training database, and the information will be forwarded to Code 250 (RPO).

Closed	Open	Completion Date	10/15/2005
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Program	Health Physics	Number	33
POC	Pat Hancock	Improvement	Nonconformance

The master inventory of radioactive materials did not account for sealed sources located in building N159.

Action Requested

Ensure that all radioactive materials are accounted for in accordance with NRC regulations and GSFC broad scope byproduct materials license. Procurement controls should be implemented to ensure that radiation sources are not brought onsite without the prior approval of the RSO.

Response

Shipping & Receiving forms will be filled out and signed and were sent to Pat Hancock on 8/22/05. GSFC Form 23-28I (Source Questionnaire) will be completed by the purchaser of any radioactive material prior to procurement. The form will be submitted along with a GSFC Form 23-6I to the Radiation Protection Officer, Code 250.9 at Greenbelt for review. The 23-28I will be finalized and a source ID number assigned upon receipt of the source or the source will be required to be "etched" by the manufacturer with the unique GSFC identifier, if required. The GSFC Form 23-28I is the precursor for having the radioactive source entered into the radioactive material inventory database.

Along with the above, shipping & receiving forms will be filled out and signed and will be sent to Greenbelt when these source arrive or are shipped from the facility. External shipments will also be coordinated with the RSO to insure that licensed material is not sent to a non-licensed entity.

Closed	Open	Completion Date	8/22/2005
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Program	Health Physics	Number	34
POC	Pat Hancock	Improvement	Nonconformance

An annual review of the ionizing Radiation Protection Program is not performed as required by the GSFC radioactive materials license issued by the U.S. Nuclear Regulatory Commission.

Action Requested

The GSFC Radiation Protection Program Manager should include ionizing radiation operations in the overall evaluation of the GSFC Radiation Protection Program which is required annually in accordance with Title 10 Code of Federal Regulations Part 20.1101(c).

Response

An annual review of the GSFC ionizing radiation program has been completed annually, as required by the GSFC NRC license. Due to increasing source amounts at WFF, the radiation program manager will include audits of WFF operations as part of the 2005 and future reviews.

Closed	Open	Completion Date	11/1/2005
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Program	Food Services	Number	35
POC	K. Thornes	Improvement	Nonconformance

Thermometers in Catering Facility coolers and freezers may be incorrect. During our review, the refrigerator read 45 degrees and two freezers read -25 degrees F. This was inconsistent with the readings on our thermometers.

Action Requested

Replace all inaccurate thermometers at the Catering Facility if they are > 2 degrees F out of calibration. If readings are correct, check the refrigerator to determine why it is at 45 degrees F and correct the problem. Evaluate food in the refrigerator to determine if it is still safe to serve.

Response

Maintenance checked the refrigerator and corrected the problem. Food in the refrigerator was evaluated and what was not safe to serve was thrown out

Closed	Open	Completion Date	4/30/2005
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Program	Food Services	Number	36
POC	K. Thornes	Improvement	Nonconformance

The receiving dock is in need of housekeeping.

Action Requested

Clean-up the receiving area and establish a system of regular maintenance.

Response

Ground maintenance cleaned the area. Cafeteria staff will monitor the area and call ground maintenance when area needs to be cleaned

Closed	Open	Completion Date	4/19/2005
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Program	Food Services	Number	37
POC	K. Thornes	Improvement	Nonconformance

Management is apprised of issues requiring funding, but they are not apprised of food inspection findings

Action Requested

Provide senior management with information on food safety inspections regularly. This can be done as part of the safety committee or other in-place mechanism.

Response

Findings from the Food Service Sanitation Inspections of the Catering Facility and the Cafeteria are sent to senior management after each inspection. The inspections are done quarterly and the findings were actually being sent to senior management prior to the Occupational Health Audit but the Cafeteria staff was unaware of this.

Closed	Open	Completion Date	4/30/2005
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Program	Food Services	Number	38
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POC	K. Thornes	Improvement	Nonconformance
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Employees are able to raise concerns to their supervisor verbally. However, there is no documentation of this.

Action Requested

Document all employee concerns and their resolutions or dispositions for potential retrieval of information in the future.
Inform employees of the action or disposition of their concerns.

Response

A form has been created to record employee concerns and actions taken. Employees will be informed how to submit concerns in staff meetings. Concerns are being collected. The process will be included in the food management plan that is currently being worked on

Closed	Open	Completion Date	8/26/2005
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Program	Food Services	Number	39
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POC	K. Thornes	Improvement	Nonconformance
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Critical Control Points and Critical Limits have not been defined.

Action Requested

Define Critical Control Points and Critical Limits and incorporate into recipes

Response

Recipes are being rewritten to incorporate critical control points and critical limits

Closed	Open	Completion Date	2/15/2006
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Program	Food Services	Number	40
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POC	K. Thornes	Improvement	Nonconformance
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Floors are difficult to clean due to piping and fixed machinery. Floors were clean at the time of inspection.

Action Requested

Evaluate facilities to determine potential for improving ease of floor cleaning

Response

Any new equipment purchased has casters. Casters have been purchased and installed on the tables that hold the grills so the grills can be moved out to clean under.

Closed	Open	Completion Date	8/18/2005
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Program	Food Services	Number	41
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POC	K. Thornes	Improvement	Nonconformance
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Duct work in the Cafeteria kitchen needs cleaning.

Action Requested

Clean duct work regularly.

Response

All duct work was cleaned by maintenance. The cafeteria manager has been instructed to monitor the duct work and call maintenance on a regular basis to have the duct work cleaned

Closed	Open	Completion Date	4/30/2005
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Program Food Services **Number** 42

POC K. Thornes **Improvement** **Nonconformance**

Although there is no cross connection with a sanitary system. However, the manager reports hot and cold water crosses in the plumbing. This may inhibit hand washing.

Action Requested

Repair hot and cold water services to assure that they are not crossed

Response

The cafeteria manager brought this up during the inspection, however after speaking to Brett Mariner Operations and Maintenance Supervisor about the plumbing he said that the hot and cold water lines do not cross

Closed **Open** **Completion Date** 8/18/2005

Program Food Services **Number** 43

POC K. Thornes **Improvement** **Nonconformance**

An air gap is not present in the kitchen 3-basin sink. This has been investigated and found to require a major modification.

Action Requested

A gap or other device should be present to prevent backflow. Consult a plumber and architectural and engineering professional to determine if there are alternative approaches

Response

The garbage disposal system was evaluated and determined to already be equipped with an anti-siphon valve and a spring loaded check valve. These two safety features work in conjunction to prevent water from migrating back through the water supply piping.

Closed **Open** **Completion Date** 9/1/2005

Program	Food Services	Number	44
POC	K. Thornes	Improvement	Nonconformance

Hepatitis A vaccine is not currently offered to food service handlers.

Action Requested

Consider offering Hepatitis A vaccine to food handlers.

Response

The Hepatitis A vaccine is now offered to all Cafeteria employees. All new employees have an extensive exam prior to employment and offered the vaccine after a ninety day probationary period

Closed	Open	Completion Date	7/30/2005
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Program	Food Services	Number	45
POC	K. Thornes	Improvement	Nonconformance

The smell of tobacco smoke was evident in the Catering Facility Kitchen.

Action Requested

Smoking should not be allowed in the Catering Facility kitchen.

Response

Catering staff was counseled on the smoking rules at a government facility. The WEMA General Manager does periodic inspections to ensure all smoking rules are followed.

Closed	Open	Completion Date	4/22/2005
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Program	Food Services	Number	46
POC	K. Thornes	Improvement	Nonconformance

The screen door on the receiving dock is in need of screen repair.

Action Requested
 Repair screen door.

Response
 The screen door was repaired by Maintenance

Closed	Open	Completion Date	4/22/2005
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Program	Food Services	Number	47
POC	K. Thornes	Improvement	Nonconformance

Soda cans were found in the catering facility ice machine. The staff indicated that this is an ongoing problem.

Action Requested
 Educate staff about this dangerous practice. If the practice persists, consider disciplinary action.

Response
 Catering staff was counseled on the dangers of this practice. The WEMA General Manager does periodic inspections to ensure this will not be an ongoing problem.

Closed	Open	Completion Date	4/22/2005
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Program	Food Services	Number	48
POC	R. Nock	Improvement	Nonconformance

WFF is required to use GSFC procedures, including the GSFC Food Safety Policy. However, this policy has not yet been released.

Action Requested

Coordinate with GSFC for policy release. Food policy should have provisions for periodic updates and, at a minimum, should assign responsibility and authority to affected organizations and employees. Define a process for epidemiological investigations of food borne illnesses; address HACCP procedures, require frequent and unannounced inspections; and have a process concerning unsatisfactory food inspections.

Response

GPR 1870.1 Food Service Sanitation Inspection and Food borne Illness Prevention addresses all the actions requested and is in formal review. The Occupational Safety & Health Lead is coordinating with Code 250.

Closed	Open	Completion Date	11/1/2005
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Program	Food Services	Number	49
POC	K. Thornes	Improvement	Nonconformance

The food service provider does not have a food management plan.

Action Requested

A food management plan that includes employee training requirements, establishes sanitary practices, establishes cleaning standards and methods, contains employee illness reporting provisions, establishes a corrective action process, establishes a recordkeeping process, and other specific job requirements should be put into service.

Response

Currently working on a food management plan due to be completed by 9/30/05

Closed	Open	Completion Date	12/30/2005
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Program	Food Services	Number	50
POC	K. Thornes	Improvement	Nonconformance

Employee training is not documented.

Action Requested

Offer Food Service management professional development training and certification. Train employees on food safety principles and how the principles apply to Food Service. Document all training.

Response

Terri Taylor and Karen Thornes are scheduled to attend the Serv Safe course in Sept 2005, and will train the employees on the program upon their return and will document the training.

Closed	Open	Completion Date	9/30/2005
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Program	Food Services	Number	51
POC	K. Thornes	Improvement	Nonconformance

Employees disclose the health medical history at hiring. However, there is no mechanism to assess ongoing health status

Action Requested

Provide a mechanism for employees to report infections and exposures to infectious diseases. As a suggestion, the 2001 FDA Food Code contains a listing of needed employee health information and includes a template reporting agreement document.

Response

Will be included in the Food Management Plan to be completed by 12/30/05

Closed	Open	Completion Date	12/30/2005
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Program	Food Services	Number	52
POC	K. Thornes	Improvement	Nonconformance

Temperatures of delivered foods are not taken.

Action Requested
Record and maintain a log of the temperatures of delivered foods

Response
Temperatures are now being taken and recorded when food is delivered.

Closed	Open	Completion Date	8/19/2005
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Program	Food Services	Number	53
POC	K. Thornes	Improvement	Nonconformance

Refrigerator and freezer temperatures are not recorded

Action Requested
Record and maintain a log of refrigerator and freezer temperatures.

Response
Refrigerator and freezer temperatures are being taken and recorded on a daily basis.

Closed	Open	Completion Date	8/19/2005
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Program	Food Services	Number	54
POC	K. Thornes	Improvement	Nonconformance

Coolers are locked from the outside at the end of the day, and there is no interior escape hardware or alarm system for personnel.

Action Requested

Install escape hardware on all walk-in coolers and freezers where it is possible for personnel to become inadvertently trapped inside.

Response

Hardware is in place and the WEMA staff have been trained on it's use.

Closed	Open	Completion Date	10/3/2005
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Program	Food Services	Number	55
POC	K. Thornes	Improvement	Nonconformance

Hot storage facilities are not equipped with thermometers

Action Requested

Equip all hot storage units with thermometers

Response

To be ordered and installed by 10/14/05

Closed	Open	Completion Date	10/14/2005
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Program	Food Services	Number	56
POC	K. Thornes	Improvement	Nonconformance

Hoods are not regularly inspected. The last inspection was over a year ago.

Action Requested

Inspect ducts and other exhaust hood parts at least every 6 months as a fire precaution.

Response

The ducts and exhaust hood parts were thoroughly cleaned and inspected July 23, 2005. Maintenance has set up a schedule for 6 month inspections and annual hood and ducts to be cleaning.

Closed	Open	Completion Date	7/23/2005
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Program	Fitness Center	Number	57
POC	Dr. Gerlach	Improvement	Nonconformance

As a facility without a permanent employee operator, all personnel must be medically screened to use the facility to ensure that persons are healthy enough to use this remote location safely. Resident students can use the currently by signing a waiver.

Action Requested

Provide a Physical Activity Readiness-Questionnaire (Par-Q) prior to use of the facility. If there are warning signs indicated, the individual needs medical clearance. Other medical clearance from a person's private physician would be acceptable, but this needs positive verification. Students who use their own center's physical fitness facility can have their clearances provided, which would be acceptable

Response

Obtaining Physical Activity Readiness-Questionnaire from NASA Senior Environmental Officer to implement in the fitness center. Students who use their own center's physical fitness facility can have their clearances provided, which will be accepted along with their signature on a waiver.

Closed	Open	Completion Date	10/31/2005
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Program	Fitness Center	Number	58
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POC	Dr. Gerlach	Improvement	Nonconformance
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An Automatic External Defibrillator (AED) is required for NASA fitness facilities. This is even more important in locations where a resource hospital is some distance away.

Action Requested

Develop an AED policy. Place an AED in the fitness facility, ideally in an alarmed cabinet which would minimize inadvertent use and alert unauthorized removal.

Response

GPR 1800.5 Automated External Defibrillator Program is currently in draft form and being reviewed by key stakeholders. A statement to include an AED at the fitness facility will addressed.

Closed	Open	Completion Date	12/30/2005
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Program	Employee Assistance Program	Number	59
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POC	B. Bott	Improvement	Nonconformance
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Per the contractor Employee Assistance Program (EAP) provider, there is no alarm mechanism or panic alarm in the occupational health Clinic normally used by the EAP representative

Action Requested

Install a panic alarm to alert security in case of an emergency

Response

Evaluation of strategies to meet this requirement underway

Closed	Open	Completion Date	10/15/2005
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Program	Employee Assistance Program	Number	60
POC	S. Fields	Improvement	Nonconformance

The EAP contractor met with Wallops senior staff last year. This office requires periodic and ongoing access between the EAP representative and the Center director, at an appropriate frequency.

Action Requested

At a minimum, the EAP must meet annually with Wallops senior staff on the emotional health of the facility workforce.

Response

A meeting to discuss the emotional health of the facility workforce will be held on an annual basis. The next meeting is scheduled for 9/27/05

Closed	Open	Completion Date	10/21/2005
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